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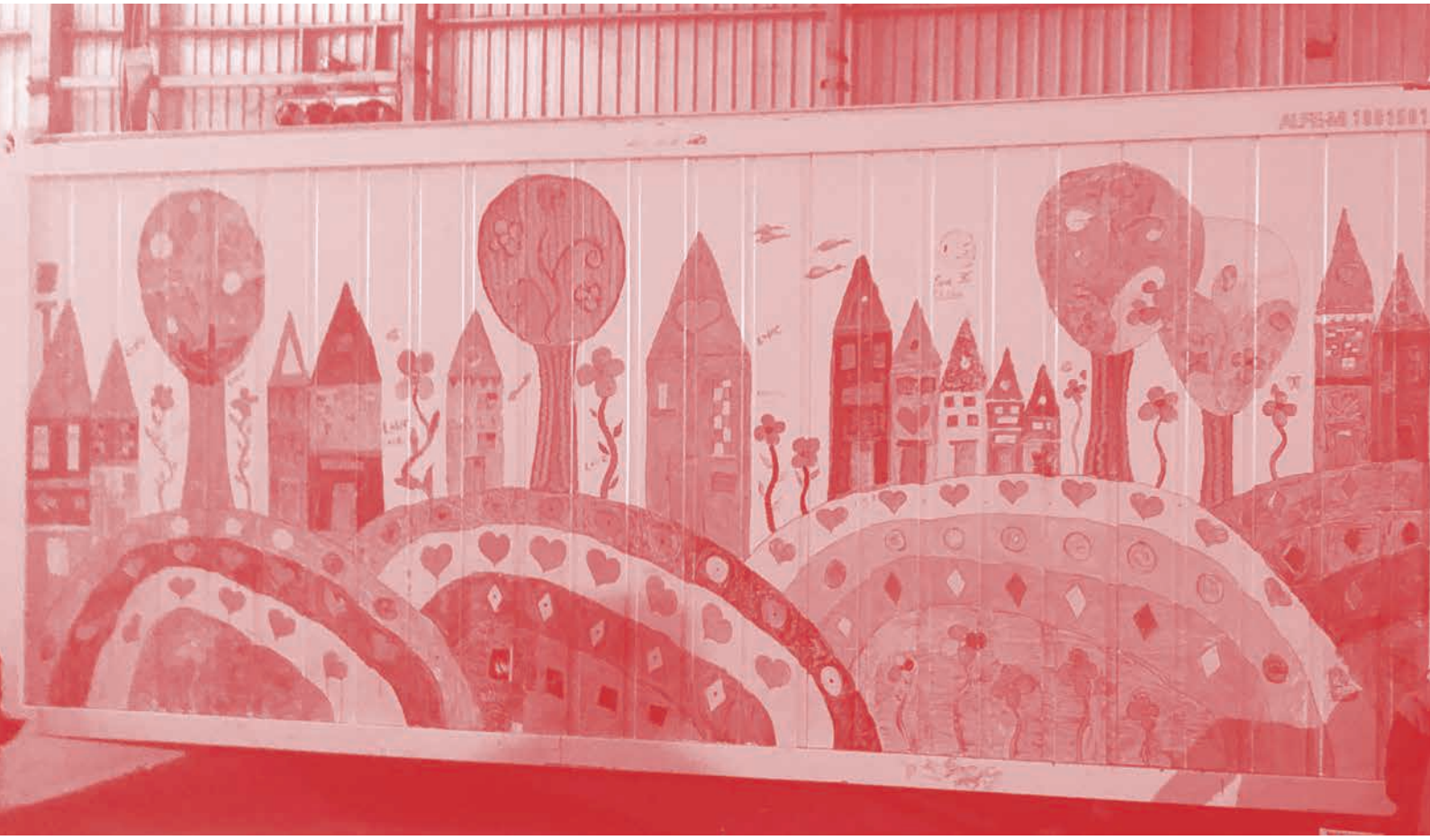
Bosnia and Herzegovina: assessing health systems capacity to manage large influx of refugees and migrants



Joint report on a mission of the Health Authorities in Bosnia and Herzegovina and the WHO Regional Office for Europe

The Migration and Health programme

The Migration and Health programme, the first fully fledged programme on migration and health within WHO, was established at the WHO Regional Office for Europe in 2011 to support Member States to strengthen the health sector's capacity to provide evidence-informed responses to the public health challenges for refugee and migrant health. The programme operates under the umbrella of the European health policy framework Health 2020 and provides support to Member States under four pillars: technical assistance; health information, research and training; policy development; and advocacy and communication. The programme promotes a collaborative intercountry approach to migrant health by facilitating policy dialogue and encouraging coherent health interventions along migration routes to promote the health of refugees and migrants and protect public health in host communities. In preparation for implementing the priorities outlined in the Thirteenth General Programme of Work 2019–2023, the Migration and Health programme was co-located with the Office of the Regional Director in August 2019.

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Abstract

The large numbers of refugees and migrants arriving in and transiting through Bosnia and Herzegovina pose new challenges to the health system, which must adapt and respond to the needs of both migrants and residents. This requires an efficient policy dialogue between the main stakeholders to share experiences and identify best practices. The WHO Regional Office for Europe, through the Migration and Health programme, supports Member States for strengthening the health sector's capacity to provide evidence-informed responses to the public health challenges for refugee and migrant health. In this regard, a joint assessment mission was carried out in Bosnia and Herzegovina in 2019, using the WHO Toolkit to structure the assessment, interviews and site visits. This report summarizes the findings under the six functions of the WHO health system framework for strengthening a country's capacity to address public health implications of large migration flows.

Keywords

DELIVERY OF HEALTH CARE – organization and administration, EMERGENCIES, MIGRATION, MIGRANTS, REFUGEES, HEALTH SERVICES NEEDS AND DEMAND

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ISBN 978 92 890 5486 7

Suggested citation. Bosnia and Herzegovina: assessing health systems capacity to manage large influx of refugees and migrants. Copenhagen: WHO Regional Office for Europe; 2020.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Edited by Jane Ward
Cover © WHO/Palmira Immordino

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Acknowledgments

The report was produced by the Migration and Health programme under the supervision of Santino Severoni, Special Adviser on Health and Migration, Office of the Regional Director for Europe and Acting Director, Health Systems and Public Health Division of the WHO Regional Office for Europe.

The Migration and Health programme secretariat supported the production of the assessment report (Giuseppe Annunziata, Jozef Bartovic, Palmira Immordino, Simona Melki, Elisabeth Waagensen and Cetin Dikmen) together with staff from the WHO Country Office in Bosnia and Herzegovina (Victor Olsavszky, Mirza Palo and Sanid Vlajcic).

The WHO Regional Office for Europe would like to express sincere appreciation to the Ministry of Civil Affairs of Bosnia and Herzegovina, the Ministry of Health of the Federation of Bosnia and Herzegovina and the Ministry of Health and Social Welfare in the Government of the Republika Srpska for their commitment to undertake this joint assessment mission with the aim of improving the management of public health aspects of large-scale migration in Bosnia and Herzegovina. Special thanks go to all the representatives of the Council of Ministers of Bosnia and Herzegovina for their continuous support and involvement throughout the mission, as well as to the Department for Health and Other Services of Brčko District and all the other organizations and individuals who collaborated during the assessment.

Appreciation for special support also goes to Sezin Sinanoglu, United Nations Resident Coordinator in Bosnia and Herzegovina and all the United Nations Country Team.

Finally, special thanks go also to the whole team of assessors, comprising representatives from the Health Authorities in Bosnia and Herzegovina, the WHO Country Office in Bosnia and Herzegovina and the WHO Regional Office for Europe.

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Abbreviations

BiH	Bosnia and Herzegovina
DRC	Danish Refugee Council
ECHO	European Civil Protection and Humanitarian Aid Operations
EU	European Union
FBiH	Federation of Bosnia and Herzegovina
IOM	International Organization for Migration
MMR	measles, mumps and rubella (vaccine)
NGO	nongovernmental organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USC	Una-Sana Canton

Executive summary

Bosnia and Hercegovina (BiH) lies in the western part of the Balkan Peninsula with Croatia to the north, south and west, and Serbia and Montenegro to the east. It has 20 km of coastline on the Adriatic Sea. In 2016, the population was 3 517 000, only 78% of that in 1991–1995, with more people living in urban areas. Since 2018, the country has been dealing with an increased influx of refugees and migrants, as seen in a number of other countries in the WHO European Region. The BiH authorities recorded 24 067 refugee and migrant arrivals in 2018, compared with a total of 755 in the whole of 2017. The majority arrived in an irregular manner over land from Serbia, and some from Montenegro. The estimated refugee and migrant population at the end of March 2019 was 5000–5500.

This situation will probably continue and might increase over the foreseeable future. The highest concentration of people in need is in Sarajevo and Una-Sana Canton (USC), with the latter linked to attempts to enter Croatia and the European Union (EU).

Current legislation provides entitlements and access to health services to people who seek asylum in BiH. Even though legislation does not grant access to health care for irregular migrants, a good coordination system at local level has been providing solutions and mechanisms of health care regardless of a person's legal status. This system links service providers from different sectors, facilitated by support from the international community (Danish Refugee Council (DRC), International Organization for Migration (IOM), United Nations High Commissioner for Refugees (UNHCR) and WHO).

Access to health care is provided under a project funded by the European Civil Protection and Humanitarian Aid Operations (ECHO), coordinated by the DRC and through services provided at health centres, cantonal hospitals and clinical centres. UNHCR, in partnership with DRC, has successfully established a health provision system, particularly in USC, engaging local health services as responders.

So far, health needs have been limited, mostly for emergency care plus some acute medical and minor surgical needs. These needs are being met, although the health service providers in border areas of USC are overstretched. Injuries, skin infections, scabies and respiratory infections are the prominent health issues requiring medical examination and interventions. A lack of medical equipment and vehicles to ensure referrals has been highlighted several times.

The United Nations Children's Fund (UNICEF) has provided 900 doses of vaccine for measles, mumps and rubella (MMR) for the immunization of refugee and migrant children.

Institutes of public health in areas accommodating high number of refugees and migrants need additional professional and financial resources to establish and carry out public health surveillance effectively.

Coordination between BiH authorities and service providers and the Government of the Federation of Bosnia and Herzegovina (FBiH) needs to be improved. The appointment of a single authorized individual (a so-called Czar) to coordinate all policies and activities could be considered. Contingency planning and a shift from an emergency to a structured, long-term strategic approach are needed now to respond to the possibility of a continuing or increased influx; this will require central and local planning and coordination structures and is an area where WHO could provide support.

Advocacy and communication strategies on public health and migration should be developed (e.g. the development and communication of key messages for the general public). Intercountry exchange of knowledge and good practices should be facilitated.

The health insurance funds at different levels in the FBiH pay for services provided within their jurisdiction but are unable to fund health-care services for refugees and migrants under the current legal framework. A central system should be instituted to mobilize donor health funds (a central fund) to pay health institutions (e.g. public health institutes, providers of primary health care and hospitals).

The current legal framework for the provision of health care acts as an impediment for the recognition of the right to health care for all refugees and migrants. However, international human rights and protection frameworks call upon the authorities in every country to protect those people who have an uncertain legal status. One solution used elsewhere would be to establish a category of "stay on humanitarian grounds".

The relative lack of medical equipment for search and rescue operations and for transport to ensure referrals has been highlighted several times.

Introduction

BiH is one of the sovereign republics that previously constituted the former Yugoslavia. It lies in the western part of the Balkan Peninsula and covers an area of 51 129 km^2. It shares international borders with Croatia to the north, south and west, and with Serbia and Montenegro to the east. Herzegovina-Neretva Canton has 20 km of coastline on the Adriatic Sea, which includes the tourist town of Neum.

The population of BiH before the war in the former Yugoslavia (1991–1995) was 4 518 456. Approximately 60% lived in urban areas with the remaining 40% in rural areas. However, the most recent estimate (2016) indicated a significant fall in total population (3 517 000) and further urbanization *(1)*. Against this situation of population change, BiH has seen a massive increase in the number of refugees and migrants arriving in the country since the beginning of 2018: from 755 in the whole of 2017 to 24 067 in 2018 *(2)*. The majority arrived in an irregular manner over land from Serbia, and some from Montenegro. The estimated refugee and migrant population at the end of March 2019 was 5000–5500 *(3)*.

Constitutional arrangements

The **Constitution of BiH** forms an integral part of the General Framework Agreement for Peace in Bosnia and Herzegovina (the Dayton Agreement) *(4)*. This stated that BiH consists of two entities: FBiH and the Republika Srpska (Article I of the Constitution of BiH). Responsibilities of BiH are stipulated in the Constitution: foreign policy; foreign trade policy; customs policies; monetary policy, as provided in Article VII; financing institutions and international obligations of BiH; policy and regulations for immigration, refugees and asylum; implementation of international and inter-entity criminal law enforcement, including relations with Interpol; establishment and operation of common and international communications means; regulation of traffic between entities; and air traffic control.

The **Constitution of Republika Srpska** states that it is a unitary and indivisible constitutional and legal entity that independently performs its constitutional, legislative, executive and judicial functions. All governmental functions and powers belong to the Republika Srpska except those which the Constitution of BiH explicitly transferred to its institutions.

The **Constitution of the FBiH** states that it is one of two entities of BiH and has all the power, duties and responsibilities that are not, according to the Constitution of BiH, within the exclusive jurisdiction of the institutions of BiH. The FBiH consists of 10 federal units (cantons).

Health systems

Based on the constitutions of BiH and its two constituent entities, health care falls under the jurisdiction of the Republika Srpska and the FBiH.

Leadership and governance

The competences of the Ministry of Civil Affairs of BiH are defined in Article 15 of the Law on Ministries and Other Administrative Bodies (2003), which stipulates:

> the Ministry of Civil Affairs of Bosnia and Herzegovina shall be responsible for carrying out tasks and discharging duties which are **within the competence of Bosnia and Herzegovina** and relate to defining basic principles, coordinating activities and harmonizing plans of the entity authorities and defining a strategy at the international level in the field of health and social care *(5)*.

Article 21 of the Law on Republican Administration of the Republika Srpska *(6)* defines the jurisdictions of the Ministry of Health and Social Welfare in the Government of the Republika Srpska as follows:

> performs administrative and other professional tasks related to the promotion, improvement, control and protection of health of the population, public health, health care, health care system, pharmacy, social, family and child protection by: monitoring contemporary developments in public health worldwide with the aim of developing public health in the Republic; planning and preparing strategic documents in the field of public health; harmonization and fulfilment of conditions in the process of the European integration in the field of public health; cooperation with government, non-governmental, philanthropic institutions and organizations, private foundations and the community in the field of public health; encouraging and maintaining international cooperation; organization of various types of meetings in the field of public health and international cooperation; functions of the Institute of Public Health (monitoring, assessment and analysis of the health status of the population; monitoring and studying health problems and health risks; activities on health promotion and disease prevention; informing the population about the importance of maintaining and improving health; performing bacteriological, parasitological, virological, serological, chemical and toxicological examinations and tests relating to the production and marketing of foodstuffs, water, air, items of general use; planning, control and evaluation of activities related to disinfection disinsections and pest control; keeping records, health statistics and conducting research in the field of public health; analysing and monitoring health and health needs of the population; determining necessary measures in the event of natural and other major disasters and accidents; performing activities in the field of health protection of the population and environment from radiation); preparation and implementation of health policies and health strategies; evaluation of the results of the implementation of health policies and health strategies, plans and programs; performing normative tasks and administrative procedures within the competence of the Ministry; determining the fulfilment of the requirements regarding the personnel, premises and equipment for the start-up of health institutions; keeping a register of health institutions; conducting the procedures for the selection of the bodies of health institutions founded by the Republika Srpska; providing opinions on the statutes of health care institutions; granting consent to the rulebooks on organization and systematization of the working posts of institutions; reviewing and adopting the annual work plan of health institutions founded by the Republika Srpska; reviewing and adopting the annual report on the operations of health institutions founded by the Republika Srpska; improving the health care quality system; organization of the health system; supervision of the work of health care institutions; planning and implementation of health technologies in healthcare institutions; professional development of health care professionals and health associates; types and duration of specializations and subspecialisations, specialization and subspecialisation programs; the assignment of the title of primarius (Chief Physician); nostrification of degrees on completed specialization and subspecialisation of health care professionals and nostrification of degrees on completed specialization of health care associates; implementation and supervision of approved programs and projects and presentation of results of their implementation at national and international conferences; cooperation with institutions and other organizations in the health system,

professional associations of health care professionals, international health organizations and non-governmental organizations in the field of health; organization of professional examinations for health care professionals and health care associates; carrying out study and analytical tasks related to the application of new concepts and models of healthcare organization implemented in the countries of the European Union; preparation of detailed project documentation in line with best practices of the European Union and the World Bank and UN organizations, including procurement plans and financial arrangements based on best practices in the world; preparation of implementation strategies and implementation plans for approved programs and projects; preparation of final beneficiaries (health care institutions) for the implementation of programs and projects; implementation of programs and projects; monitoring and evaluation of results of implemented programs and projects based on defined monitoring indicators; presentation of the results of the implementation of programs and projects at national and international conferences; proposing new programs and projects for improving the health system of the Republika Srpska; health care planning and financing; analysis, planning and monitoring of health care financing; monitoring and analysis of financial operations of healthcare institutions; preparation and development of the health account of the Republika Srpska; monitoring in the field of health insurance; conducting public procurement in the Ministry; planning and programming of capital investments and investments in the health sector; monitoring the production and trade of medicines, chemicals, biocides and medical devices; planning, coordinating and taking measures to ensure quality, safe and effective medicines and the use of medicines and medical devices in the healthcare system; exercising social, family and child protection rights; planning and functioning of social, family and child protection systems; planning and exercising of certain social protection rights; programs for rehabilitation, adaptation and equipping of social welfare institutions; development programs aimed at improving social, family and child protection systems; supervision of the professional work of social and child protection institutions; planning and coordinating additional professional development of social workers; introduction of standards of professional work and services provided in social welfare institutions; participation in the preparation and implementation of strategic documents and programs in the field of social, family and child protection; encouraging and promoting family, legal, social and protective forms of care for children, youth and adults without family care; monitoring and encouraging the development of social, family and child protection programs; social rehabilitation and training of persons with disabilities; monitoring the state of social vulnerability and social needs of the population; encouraging and coordinating social and humanitarian activities; co-operation with non-governmental and other domestic and international organizations active in the field of social, family and child protection; harmonizing and proposing laws and regulations in accordance with the EU acquis, and performing other tasks in accordance with the Law.

The health system in the FBiH

The FBiH has a decentralized system organized within each of the 10 cantons *(7)*. Each canton has an independent ministry of health responsible for the organization of primary health centres (*dom zdravlja*) with general practitioners or family health units and other community services; secondary policlinics and hospitals; and tertiary university clinical centres (Annex 1). Each canton has its own health insurance fund, providing obligatory health insurance and finance for the health care of those insured. During 2002, a health insurance solidarity fund was established in the FBiH in order to finance priority vertical programmes of health care, the most complex treatment for specific needs and treatment of certain conditions abroad.

The transition of the health-care system started in 1995 with the main aim of reforming and strengthening primary health care to include family medicine and to allow patient registration and a free choice of doctor. Community or patronage nurses have also been introduced. Community

mental health centres and physical rehabilitation centres are also provided within primary care. The strengthening of primary health care has been accompanied by rationalization of hospital care.

Current health goals include resolving (i) the unequal access to health care; (ii) the inefficient delivery of health-care services; (iii) inadequacies in financing; (iv) inadequacies in structuring of human resources; (v) limited and fragmented institutional capacity; and (vi) responses to demographic changes.

The health system in the Republika Srpska

According to the Law on Health Care *(8)*, health institutions comprise outpatient clinics for treatment, health care and rehabilitation; specialist family medicine outpatient clinics; specialist outpatient clinics; dental outpatient clinics; primary health-care centres; pharmacies; specialist centres; general hospitals; special hospitals; clinical centres; institutes; public health institutes; nursing homes; the laboratory; bank of biological material; and stem cell bank.

Health care is organized at several levels: overall for the Republika Srpska, within units of local self-government (six cities and 57 municipalities) and by employers, who undertake a number of specific activities, including health promotion, prevention and treatment of diseases and conditions, rehabilitation of the ill and injured, provision of medicines and medical devices, and protection of life and work environments.

Health care is provided at primary, secondary and tertiary levels. A special form of health protection is provided through the organization of public health.

Primary health care includes:

- health promotion activities;
- health education of citizens on the most common health problems, methods of their identification and control;
- prevention, diagnosis, treatment, care and rehabilitation of diseases, injuries and conditions;
- emergency medical assistance;
- detection and reduction of risk factors for mass noncommunicable diseases;
- preventive, paediatric and general dentistry and orthopaedics of the jaw;
- protection and promotion of mental health;
- community rehabilitation;
- immunization against infectious diseases;
- home treatment and care;
- protection of the health of women and children;
- emergency medical transport;
- provision of medicines and medical supplies;
- hygienic–epidemiological affairs;
- laboratory activities (haematology, biochemistry and dentistry);
- diagnostic activities (conventional radiography and ultrasound diagnostics and mammography); and
- assessments of the general health capacity of workers in workplaces without occupational risks.

Primary health care is provided in the following health-care institutions: primary care centres; outpatient clinics for treatment, health care and rehabilitation; specialist family medicine outpatient clinics; specialist centres; dental outpatient clinics; nursing homes; and pharmacies. Teaching and scientific research activities may also be organized and conducted within primary health care. Teaching in the field of family medicine can be organized and conducted in centres for education in family medicine within health centres.

Secondary health care includes specialized health care and complex methods and procedures of diagnostics, treatment and rehabilitation. It is provided through specialist outpatient clinics, specialist centres, hospitals and institutes. Secondary health care is organized so that it supplements primary health care and provides it with organized and continuous assistance and support. Primary, secondary and tertiary prevention of diseases and conditions are implemented at the secondary level of health care. Teaching and scientific research activities may also be organized and conducted at this level.

Tertiary health care provides the most complex and highly specialized methods and procedures of diagnosis, treatment and rehabilitation that cannot be provided at the other levels. Tertiary case is provided through specialist outpatient clinics, specialist centres, special hospitals, institutes, hospitals and clinical centres. Tertiary health care is organized in such a way as to supplement secondary health care and provide it with organized and continuous assistance and support. Primary, secondary and tertiary prevention of diseases and conditions are implemented at the tertiary level of health care. Teaching and scientific research activities are organized and carried out at this level.

Public health is a specific form of health protection that involves organized and comprehensive activity for the preservation of physical and mental health of society; this includes the preservation of the environment, as well as reduction of risk factors for diseases and injuries. Public heath is achieved through the use of health technologies and measures that are intended to promote health, prevent disease and improve quality of life. It includes preventive medical sciences such as disease prevention, epidemiology, health ecology, health statistics, health promotion, hygiene, microbiology and social medicine.

The Institute of Public Health of Republika Srpska carries out epidemiological, hygienic–ecological, microbiological and sociomedical health-care activities. It has a centre, department or other organizational unit as required. The Institute is competent to:

- monitor, evaluate and analyse the health status of the population;
- draw up and submit to the Minister an analysis of the need for specializations and/or specializations in the Republic by 30 June of the current year for the following year at the latest;
- monitor and study health problems and risks to public health;
- carry out activities on health promotion and disease prevention, and inform the population about the importance of maintaining and improving health;
- propose elements of health policies, programmes and plans and other public health planning documents for the preservation and promotion of public health;
- develop expert and methodological instructions for preserving and improving the health of the population;
- perform bacteriological, parasitological, virological, serological, chemical and toxicological examinations and tests in connection with the production and marketing of food, water,

air and items of general use, as well as partial diagnostics of infectious diseases and noncommunicable diseases with public health aspects;
- plan, control, evaluate and, where appropriate, implement population immunization;
- plan, control and evaluate disinfection and pest control activities;
- keep records, health statistics and conduct research in the field of public health;
- prepare an annual report on the analysis of the state of health of the population and report to the competent institutions, in accordance with the law and international obligations;
- perform tasks in the system of monitoring and evaluation of the health system;
- determine necessary measures for natural and other major disasters and accidents and implement them in cooperation with other institutions;
- control sources of ionizing and nonionizing radiation, provide dosimetric control for people exposed within their profession, laboratory control of radiation, and control of radionuclides in air, soil, water and foodstuffs;
- conduct training in radiation protection;
- provide training in immunization and chemoprophylaxis against infectious diseases and provide expert and methodological assistance in the field of public health;
- purchase immunological preparations;
- provide opinions on environmental impact assessments in accordance with the regulations governing the environment;
- follow international health regulations in the field of public health and propose appropriate measures in the same field to the Minister;
- conduct training in the field of health management;
- collect, monitor and produce a report on the consumption of medicinal products in the Republic; and
- perform other tasks in accordance with the law.

The Institute of Public Health also carries out scientific research activities in the fields for which it is registered, in accordance with the law, and it may organize classes when authorized by the University.

The Health Insurance Fund of the Republika Srpska provides obligatory health insurance and finances health care for the insured people in the Republika Srpska.

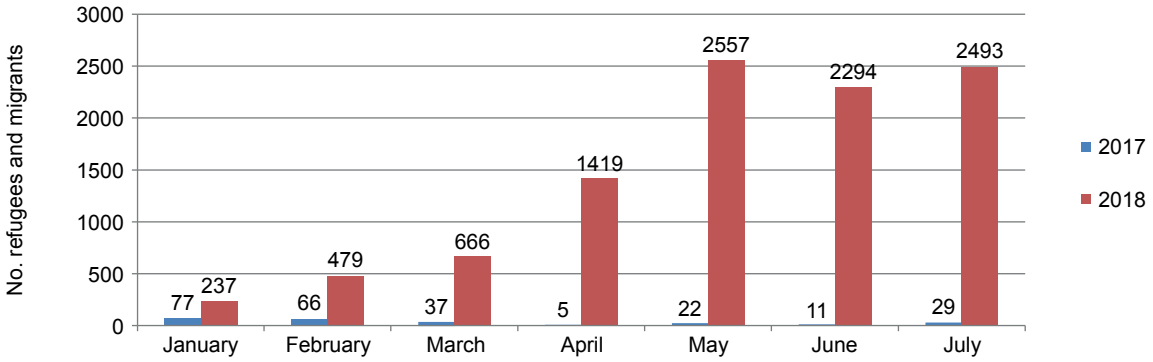
The recent influx of refugees and migrants

The authorities in BiH registered the arrival of 25 916 refugees and migrants between 1 January 2018 and 28 February 2019 *(9)*. The authorities estimated that 20 000 registered arrivals managed to cross onwards into Croatia and beyond. The average length of stay in BiH is estimated to be 8–14 days. It was estimated that between 4800 and 5300 refugees and migrants remain in BiH in need of some type of humanitarian assistance at various locations *(9)*.

Refugees and migrants entering BiH have used two main routes, with most arriving overland from Serbia and Montenegro. The majority of refugees and migrants coming from Serbia remained in that country after the closure of the Hungarian state borders in 2015. The other main route starts in Greece and runs through Albania and Montenegro into BiH. The main pull factor for BiH is that from a migration perspective it is an open route.

The estimated monthly figures are shown in Fig. 1 *(10)*. The majority of refugees and migrants arrive overland in an irregular manner (i.e. at non-official border crossings) at several entry points.

Fig. 1. Number of detected refugees and migrants entering BiH per month 2017–2018



Source: Organization for Security and Co-operation in Europe, 2018 *(10)*.

Many of the total number of refugees, migrants and asylum seekers currently in BiH have arrived through trafficking and exploitation. Almost 70% of all refugees and migrants are single men and 76% of these are accommodated in centres managed by the IOM.

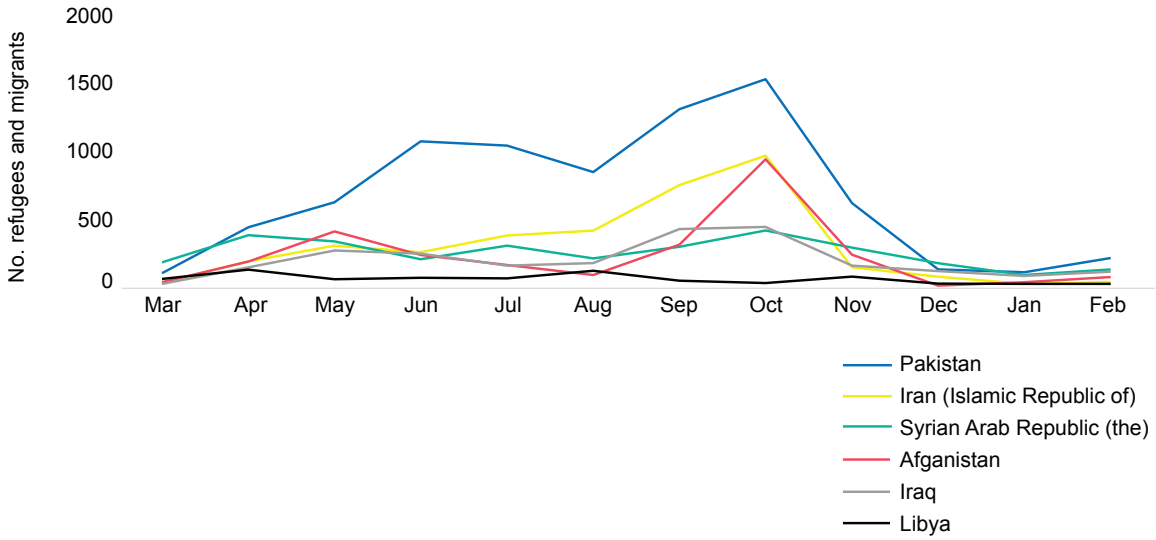
During the first months of 2018, refugees and migrants moved quickly from border areas towards Sarajevo, receiving attestation from the local offices of the Service for Foreigners' Affairs on the way. However, in 2018, a new trend was observed, with refugees and migrants increasingly avoiding Sarajevo and heading directly to USC *(11)*.

Currently, the largest concentration of refugees and migrants is in municipalities of the FBiH: Bihać, Cazin and Velika Kladuša in USC. USC shares a border with Croatia to the north and to the west, and the border of Slovenia (an EU Member State within the Schengen Agreement) is just 79 km away. At the end of January 2019, 3599 refugees and migrants resided in USC; they were temporarily located in four migration camps in different parts of USC: Bira and Borici Camps located in Bihać; Sedra Camp in the Municipality of Cazin; and Miral Camp located in the city of Velika Kladuša.

In February 2019, the largest declared country of origin among new arrivals was Pakistan (24%), followed by the Syrian Arab Republic (12%), Iraq (11%), Algeria (9%), Morocco (8%) and Afghanistan (8%) *(4)*. The declared country of origin of arrivals varies over time (Fig. 2). Most arrivals enter BiH through the eastern border with Serbia and Montenegro.

In the period 1 January 2018 to 28 February 2019, out of 25 916 arrivals, 23 739 expressed intention to seek asylum. However, out of those, only 1614 have submitted asylum claims and 875 were awaiting registration of their asylum claim with Ministry of Security of BiH, as the Sector for Asylum cannot schedule an interview if those wishing to apply have not registered an address *(9)*.

Fig. 2. Most common declared countries of origin over the 12 months to 28 February 2019



Source: UNHCR, 2019 *(9)*.

Scope of the joint assessment mission

In response to these influxes of refugees and migrants to BiH, and with a concern to address health and health systems needs, the Ministry of Civil Affairs of BiH requested WHO to jointly conduct an assessment to review the health systems capacity to manage sudden influxes of refugees and migrants. In April 2019, the WHO Regional Office for Europe, through the Migration and Health programme, assisted the responsible health authorities in BiH to assess what should be done to strengthen the capacity for adequate management of the public health challenges related to migration in the context of the human right to health and universal health coverage.

The aim of the mission was to gather relevant information to assess the legislation and the capacity of the health systems to manage sudden influxes of refugees and migrants. This would support action and improve the quality, comparability and evidence base for addressing health needs and the rights of refugees and migrants. The assessment was established as a joint mission between the Ministry of Civil Affairs of BiH and the WHO Regional Office for Europe, which could offer knowledge, technical support and necessary capacity-building activities. Alignment with EU legislation, policies and procedures would be an important goal. It was intended that a report would be made available to the Council of Ministers of BiH and be published.

The assessment took place within the framework of World Health Assembly resolution WHA61.17 on the health of migrants *(12)*, which requested the WHO Director-General to analyse the major challenges to health associated with migration and to explore policy options and approaches for improving the health of migrants. Within this framework, and following recent repeated, sudden and large influxes of refugees and migrants in several Member States of the WHO European Region, the WHO Regional Office for Europe developed the *Strategy and action plan for refugee and migrant health in the WHO European Region* to help to guide progress on the health aspects of population movement *(13)*. It outlined nine strategic areas and five indicators to support development and monitoring of national health policies and refugee and migrant health-related priority areas.

The WHO Regional Office is taking action under Strategic area 1 (establishing a framework for collaborative action) by providing products such as country assessments to strengthen collaboration with and among the EU, Eurasian Economic Union, United Nations agencies and bodies, and other national and international institutions and organizations with roles and mandates for migration and health issues, including nongovernmental organizations (NGOs).

The potential for the sudden arrival of large numbers of refugees and migrants to the WHO European Region created the necessity for contingency plans to improve the preparedness and ability of health systems to respond to the public health needs of both the host and the refugee and migrant populations. Consequently, the WHO Regional Office developed the *Toolkit for assessing health system capacity to manage large influxes of refugees, asylum-seekers and migrants*, which offers a common template to enhance the evidence base for planning *(14)*. The tool was first tested in Sicily, Italy, in October 2013. Since then it has been used to conduct assessment missions in coordination with local and national authorities in Bulgaria, Cyprus, Greece, Malta, Portugal, Serbia and Spain. In some of these countries, the assessment of current practices and gaps in health systems was followed by development of a contingency plan for the management of a sudden influx of refugees and migrants.

This report outlines the results of using this tool in BiH to examine the current health systems capacity to manage sudden influxes of refugees and migrants and to identify best practices/gaps and ways forward.

Methodology

Assessment team

The assessment was a joint effort by the WHO Regional Office for Europe, the WHO Country Office in BiH, a representative nominated by the Ministry of Civil Affairs of BiH, Mrs Jasna Dzemic, and a representative nominated from the Ministry of Human Rights and Refugees of BiH, Mr Adnan Mehanija.

Assessment structure

The Toolkit was used to carry out the assessment, which comprised site visits and semi-structured interviews. The assessment tool and, consequently, the interviews were based on the WHO health systems framework, which addresses six key functions: leadership and governance; health care financing; health workforce; medical products, vaccines and technology; health information; and service delivery. Interviews were wide ranging and included officials from the Council of Ministers of BiH, the Government of the FBiH, the Government of the Republika Srpska, the Government of USC, and the Public Health Institute of Sarajevo Canton, plus managers of migrant centres, health staff working in migrant centres and experts from United Nations agencies and NGOs.

After a desk review of migration trends and the legal, logistical, political and health aspects of migration in BiH, the Toolkit was adapted to the context of BiH. A series of stakeholder meetings coordinated by the WHO Country Office in BiH and the Ministry of Civil Affairs of BiH was organized to brief the team on the main findings of the desk review and to adapt the Toolkit questions to the context of BiH (Fig. 3). During the meetings, interview techniques and other methods of data collection were discussed, and the assessment design was agreed. Site selection and personnel to be interviewed were identified in collaboration with the Ministry of Civil Affairs of BiH.

Fig. 3. Stakeholder meeting, Ministry of Civil Affairs, Sarajevo

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Stakeholder meetings

Semi structured interviews were carried out with stakeholders in

- Sarajevo: Ministry of Civil Affairs, Ministry of Human Rights and Refugees, Ministry of Security and Border Police of BiH; Ministry of Health of the FBiH; and the Public Health Institute of Sarajevo Canton;
- Banja Luka: Coordinating Body for Monitoring the Movement of Illegal Migrants Across the Territory of the Republika Srpska; the Ministry of Health and Social Welfare and Ministry of Interior in the Government of the Republika Srpska; and
- USC (during the three site visits to migrant centres): Ministry of Health, Ministry of Interior (Fig. 4), Labour and Social Protection of Una-Sana Canton; migrant situation coordinator, Health Insurance Fund of Una-Sana Canton; Public Health Institute of Una-Sana Canton; Cantonal Hospital "Irfan Ljubijankic"; and Primary Health Care Centre in Velika Kladuša.

Fig. 4. Meeting at the Ministry of Interior, Una-Sana Canton

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Meetings were also held with the IOM, UNHCR, the United Nations Country Team and the United Nations Resident Coordinator Office, and in the field with DRC, the Red Cross and Red Crescent of Bosnia and Herzegovina, UNICEF and the United Nations Population Fund (UNFPA). Each stakeholder was interviewed following the Toolkit questionnaire, but specific blocks were addressed depending on the stakeholder's role. This prior identification made it easier to conduct the interviews and made them more fluid.

United Nations Resident Coordinator

The United Nations Resident Coordinator expressed the view that disaster preparedness in BiH needed to be strengthened, with potential risks assessed and mitigated and preparations made for adequate responses. With regard to the health systems, the prevailing problems included the current debt levels; the fragmentation of the system in the FBiH compared with the centrally unified system in the Republika Srpska; the poor state of essential equipment; loss of personnel; and high prices and corruption. There was a need to move beyond the crisis stage towards a more development focus. Systemic institutional change was needed, with a significant role for WHO in providing expertise and support.

In the view of the United Nations Resident Coordinator, there was a clear need for improved coordination among the United Nations entities operating in BiH. A emergency preparedness plan developed in 2016 had been agreed but had not been followed effectively. Donor coordination had also not worked well. Operationally, IOM and UNHCR had taken effective action on the ground, with donor support, to bolster the actions of the local authorities. Local authorities had been under intense pressure to act. The situation could be expected to get worse during the tourist season in 2019.

It was vital that political commitment and resources were found at state level to take effective strategic control of the situation. Notably, the Republika Srpska has provided some specific funds. The situation should be manageable. BiH is an upper middle-income country and there was also a large international presence. In addition, there was considerable subregional experience that could be discussed and utilized.

IOM

While there had been very few refugees and migrants in BiH up to 2017, the recent increase in numbers has been challenging for the Governments of BiH and the FBiH to deal with, particularly in finding modalities to cover costs. Overall funds were insufficient. A significant problem had developed in USC, where external assistance had clearly been needed. Mechanisms and standing operational procedures were needed. Therefore, through coordination between IOM, UNHCR and donors, the DRC had taken over provision of health care and its funding in the reception centres in BiH. Only primary health care is covered as funds are insufficient to cover secondary and tertiary care. Identifying such funding has been problematic. DRC does assist people to go to necessary health facilities for care beyond primary care, although these facilities often have no way of effectively charging for services provided.

UNFPA

UNFPA advocates for reproductive rights of refugees and migrants and is active in prevention of gender-based violence. To support this, it has opened women's and girls' spaces in three reception centres in USC. The centres offer protection services, such as referrals to shelters for survivors of violence, as well as free legal services and information about human rights and gender equality. The centres also provide psychosocial support, dignity kits containing essential hygiene supplies and referrals to reproductive health care.

UNHCR

With the increase in the number of refugees and migrants entering BiH, there is a need to establish coordinated and streamlined procedures to establish their access to health care in accordance with international legislation and standards. Significant pressures had developed in both USC and Sarajevo Canton in terms of access to health care inside reception centres. The agreement with DRC had allowed harmonized arrangements and one coherent system to be established across all the reception centres in the country. However, DRC was an external organization outside the country's health system, which it was not intended to replace.

UNICEF

UNICEF jointly with IOM and Save the Children, and with funding support from the EU, have organized services for unaccompanied children in reception centre Bira in Bihać, with more than 200 registered so far. They are accommodated in six-bed containers equipped with power, heating, clean sheets and showers. They have three meals a day and their basic needs are met. Unaccompanied children receive psychosocial and legal support through trained personal from local municipalities. UNICEF has also launched a programme to integrate schoolchildren into local primary schools, which provides many lessons on integration of migrant populations in local services and communities. UNICEF is advocating for vacination of refugees and migrants and has provided additional vaccines for poliovirus and MMR for this population.

Site selection

A sampling approach was adopted in selection of sites for visits. The assessment locations were selected as being refugee and migrant centres with significant populations. Site visits were conducted in the best performing location and in the most problematic one. The aim was to give as complete an overview as possible of the reception and processing of refugees and migrants in BiH, as well as the health services made available to meet their needs. During these visits, it was possible to interview all key actors involved in the management of the centres. The joint mission visited migration centres Ušivak in Hadžići, Bira in Bihać and Miral in Velika Kladuša; the Primary Health Care Centre in Velika Kladuša; and the Cantonal Hospital (Polyclinic) in Bihać.

Findings from the mission

Overall findings

The main findings are summarized here.

- BiH has been dealing with an unpreceded influx of refugees and migrants since the beginning of 2018, as have a number of other countries in the WHO European Region. A growing number of refugees and migrants are using the new Balkan route through BiH to reach the EU. This situation will probably continue and might increase for the foreseeable future.
- Almost all the refugees and migrants wish to leave BiH for the EU. However, they remain in BiH for a limited but unpredictable number of days. These people require health-care services during their stay, and health service providers in border areas are already overstretched. Many refugees and migrants attempt dangerous crossings into Croatia, for example through potentially uncleared minefields on the other side of the border.
- The health systems in the Republika Srpska and the FBiH follow the Bismarck model of health care in which citizens are covered with employment health insurance. Current legislation provides entitlements and access to health services to people who seek asylum in BiH. Even though legislation does not grant access to health care for irregular migrants, a good coordination system at local levels has been providing solutions and mechanisms of health care for migrants regardless of their legal status. This has been established among service providers, even from different sectors, and facilitated by the support of the international community (DRC, IOM, UNHCR and WHO).
- The highest concentration of people in need is in USC because of its proximity to the border with Croatia. Between January and March 2019, authorities in BiH registered a total of 3239 migrants, which was a 58% decrease compared with the 7779 registered in the previous quarter (October–December 2018) *(15)*. These refugees and migrants are temporarily located in four migration camps in different parts of USC: Bira Camp and Borici Camp, located in the city of Bihać; Sedra Camp; and Miral Camp in the city of Velika Kladuša.
- Access to health care is provided at country level under the project funded by ECHO and administered by the DRC, and involves services of health centres, cantonal hospitals and clinical centres. UNHCR, in partnership with DRC, has successfully established a health provision system, particularly in USC, that engages local health capacities as responders.
- Overall, limited health needs have been identified so far, mostly emergency care with some acute medical and minor surgical needs. Injuries, skin infections, scabies and respiratory infections were the prominent health issues that required medical examination and interventions. The lack of medical equipment and of vehicles to ensure referrals has been highlighted several times.
- Overcrowded receiving centres affect the quality and scope of health-care provision. In particular, underdeveloped sanitary and hygienic conditions in the centres visited and difficulty in monitoring patients already treated (e.g. for scabies and pediculosis) make the surveillance of infectious diseases less effective.
- In regard to immunization, UNICEF funded the procurement of 900 doses of MMR vaccines for the immunization of children at the beginning of 2019. UNICEF also funded the procurement of other vaccines from the immunization schedule of the FBiH. During April and May 2019, 262 refugee and migrant children in USC were given MMR vaccine. In addition, 84 parents and legal guardians were counselled on the importance of immunization and its effect on children's health.

- Lack of medical equipment for search and rescue and transport for those needing referral to other centres for care has been highlighted several times.

Health needs and rights for refugees and migrants

Most of the refugees and migrants in BiH had already had contact with security and health authorities in neighbouring countries (Greece, North Macedonia, Serbia and Turkey) before arrival in BiH.

The BiH Border Police are in charge of 10 km of territory along and inside the state borders. They are often first contact between refugees and migrants and the BiH authorities. At the point of contact, the Border Police perform identity checks and issue temporary documents that allow the refugees and migrants to stay for 14 days in BiH. Many refugees and migrants arrive without documents, and it can be difficult to identify citizenship. Some 95% do not use recognized border crossings. When a migrant expresses an intention to seek asylum in BiH, according to the Law on Aliens the Border Police will offer transportation to the single Centre for Foreigners located in Sarajevo, a component of the Service for Aliens (an integral part of the Ministry of Security of BiH).

After contact with the Office for Foreigners, refugees and migrants are transferred to the migration centre Ušivak in Hadžići or to the Centres Delijaš and Salakovac, near Mostar, if they are applying for asylum. Other camp locations are Hotel Sedra and Miral in USC. Some refugees and migrants may be privately accommodated, particularly in Sarajevo, but should be registered with the Service for Aliens.

Registered migrants are permitted 14 days to remain in BiH. However, only a few migrants currently apply formally for asylum in BiH within the given deadline – and none has been granted asylum status to date. This is significant as asylum seekers are entitled to the same access to health care as BiH citizens under BiH legislation. Migrants considered to be a risk to national security may be expelled.

Theoretically, after 14 days without making a claim for asylum, refugees and migrants are in BiH illegally, although in practice active measures are not taken to remove those overstaying. There are no effective readmission agreements with the usual countries of origin.

The Border Police reported some 214 cases when refugees and migrants required medical care since May 2018 (among those were 56 women, four of whom were in an advanced stage of pregnancy, and 51 minors). In such cases, the Border Police provide transportation to local primary health-care centres for medical attention and, in rare cases, to the nearest hospital. The distance involved may be up to 50 km. There is little communication between the Border Police and the health authorities and health service providers.

However, the Border Police are not trained to conduct medical triage, and health-care professionals are not currently deployed at the border. An IOM project has provided a doctor paid to conduct such triage in Trebinje area (south-east, near the borders with Montenegro and Croatia), although the sustainability of funding is uncertain.

The Border Police are also in charge of, and trained for, search and rescue operations in the border areas. Some such operations have taken place, including the rescue of refugees and migrants stranded in mountains during the winter of 2018–2019 and searches for bodies of people drowned

in the river Drina along the border with Serbia. The Border Police have established collaboration with local civil protection services and the Mountain Rescue Service of BiH forsupport in search and rescue operations. However, they all lack critical equipment, transportation capacity and specialized training in rescue, trauma care or life support.

When the Border Police identify unaccompanied minors, they collaborate with local social welfare centres and the NGO EMAUS France to ensure protection and the provision of a legal guardian, prior to social worker support and consideration of further protection (e.g. fostering).

Local police forces across the rest of the territory of BiH follow similar procedures. If the need for urgent medical assistance is identified, they will transport the affected refugee or migrant to the nearest primary health-care unit where emergency care will be provided (it is granted to all people requiring emergency care, regardless of their civil status).

Health-care provision for refugees and migrants in the FBiH

In the FBiH, access to health care is provided to camp-based refugees and migrants under an ECHO-funded project through the intermediary agency of the DRC, which provides essential primary care services to the IOM-managed camps. This primary care is supported by the services of government health centres; secondary and tertiary care is provided by cantonal hospitals and university clinical centres.

The partnership with DRC was established by UNHCR in 2018, with the aim of establishing a health provision system, particularly in USC, that engaged local health capacity as responders and provided services under the same fees as for nationals in Una-Sana, Hercegovina-Neretva and Sarajevo Cantons. Health care is provided within temporary clinics in transit reception centres through the deployment of field medical teams equipped from the local health centres. Some NGO support is provided where necessary.

DRC provides drugs, medical supplies and vehicles for medical transportation to support referrals to specialist services within the primary level of health care as well as to health services at the secondary level in USC, Sarajevo and Mostar. UNFPA provides sexual and reproductive health services to women and girls in public and private health-care centres, as well as all necessary medications, including kits for post-exposure prophylaxis when needed. Mental health support is also provided as well as timely identification of particularly vulnerable people, who are referred for further psychosocial support. Public health provision is provided by the Institute of Public Health of the FBiH and cantonal institutes of public health, with epidemiological teams conducting necessary fieldwork and analysis.

The constant influx of refugees and migrants and limited reception conditions lead to difficulties in addressing needs and planning services; the increased needs and insufficient staffing might require longer working hours (currently at the centres health professionals attend between 11:00 and 15:00 Monday to Friday) and the presence of additional medical teams in the reception centres (a team consisting of two nurses and one doctor, supported by an interpreter on site, and also with a psychologist in Camp Ušivak).

Some refugees and migrants will arrive with some sort of health record. All newly arriving refugees and migrants undergo medical screening upon arrival. They are checked for scabies, lice and other visible signs of disease. Limited health needs have been identified so far, mostly emergency

care with some acute medical and minor surgical needs. Injuries, skin infections, scabies and respiratory infections are the prominent health issues that require medical examination and interventions. Lack of medical equipment and vehicles to ensure referrals was highlighted several times.

Violence has been increasingly within the centres, caused by different ethnic structures of the refugees and migrants (a recent fight led to 70 being injured). This has created the need for additional supplies of medicines and sanitary materials as well as personnel to respond to mental health issues and addiction diseases. There were also some reports of injuries and dehydration among refugees and migrants returned after crossing the borders with Croatia.

Health-care provision for refugees and migrants in the Republika Srpska

Arrangements for the management of the refugee and migrant influx in the Republika Srpska differ from those in the FBiH. As a matter of policy, no migrant camps have been established and refugees and migrants stay for a very short time in the territory during transition to USC or the Centre for Registration of Aliens in Sarajevo. No security issues had been identified. The Government of the Republika Srpska has appointed a Coordinating Body for Monitoring the Movement of Illegal Migrants Across the Territory of the Republika Srpska to carry out activities to monitor entry, stay and movement of refugees and migrants through the territory. The Coordinating Body consists of representatives from Republika Srpska's Ministry of Administration and Local Self-government, Ministry of Health and Social Welfare, Ministry of Finance, Ministry of the Interior and Secretariat for Displaced Persons and Migration, plus the Association of Municipalities and Cities of the Republika Srpska, Civil Protection of the Republika Srpska, the Red Cross of the Republika Srpska and local communities.

Support had been provided to the Red Cross for the establishment of mobile teams to work with the Border Police, particularly in relation to emergency health support for women and children.

A full range of primary, secondary and tertiary services is available to refugees and migrants with some exceptions (e.g. cardiac surgery that is not available to local populations). Health facilities at the level of primary health care have been instructed to provide necessary health services to refugees and migrants. Invoices from hospitals and primary health-care centres in the Republika Srpska are forwarded to the Coordinating Body for Migration Issues in Bosnia and Herzegovina – the operational headquarters for migration issues in BiH. At the time of the assessment, less than 7000 BAM has been used from the available fund *(16)*.

Public health contingency plans are in place to respond to sudden influxes of refugees and migrants, as well as to respond to various types of public health emergency (e.g. Ebola and polio viruses). Health providers have been instructed to send migrant-related data to the Institute of Public Health of the Republika Srpska, which is appropriately staffed and resourced.

Health workforces

All services for refugees and migrants are currently being provided by local health-care workers. In collective accommodation, there are health units run by doctors and nurses from local primary health-care institutions (Fig.5). They are equipped for basic check-ups, wound management and dermatological interventions. The units are well supplied with essential drugs (from the local

pharmaceutical market) for patients with indications of need. The local doctors use services of translators and cultural mediators. When a referral is needed, doctors from secondary or tertiary care provide services on site. Doctors do need training in identification and prevention of violence and/or sexual abuse and how to respond to these, as well as supervision and support from institutes for public health on public health surveillance and protective measures.

In Camp Ušivak, psychologists provide psychosocial support to refugees and migrants and identify those in need of mental health support (mainly depression). A psychologist has been trained to deal with victims of violence but the unit was not equipped with any post-exposure or disease prevention kits. In Bira Centre, there is allocated space for religious services that refugees and migrants can use.

Fig. 5. Health workforces, Camp Ušivak

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Medical products, vaccines and technology

Even though there are enough vaccines and medicines, they cannot be used for refugees and migrants under current laws and regulations, which state that medicines/vaccines can be used only for the domestic population or those who pay. UNICEF secured €40 000 from the EU for 900 doses of MMR vaccine, after which the Director of the Public Health Institute of the FBiH issued a permit to use existing MMR vaccines in three affected cantons up to the 900 doses.

DRC reimburses all the cost of medicines used by primary health-care institutions involved in provision of care for refugees and migrants. All essential drugs and equipment used for this health care are obtained through the local pharmaceutical market. Patients in migrant reception centres receive prescribed medicines directly from the doctors at the primary/secondary health-care facilities. The available medicines for refugees and migrants come from the essential list for the local population, so their access is the same as for the local population. Where the local population has to buy medicines out of pocket, refugees and migrants (only those registered in

the reception centres) also have to buy. There is a sufficient quantity of medicines, renewable materials and basic equipment of quality that is assured through the BiH Agency for Medicines, which follows standards set by the European Medicines Agency. When refugees and migrants need hospital care (secondary or tertiary health care), they benefit from the same products and technologies as the resident population. Funding for the medicines and medical supplies used in the health centres is provided through the DRC under the project funded by ECHO.

Arrangements were different for the small quantities of vaccines that were provided by UNICEF specifically for refugee and migrant children. The vaccines were not available for purchase in the local market and had to be imported. However, these vaccines were of the same quality as vaccines for the general population. Vaccinations were started at the end of April 2019. UNICEF and WHO are advocating with health authorities to include the needs of refugee and migrant children into the vaccine procurement plans for 2019 and onwards.

The medical waste from health-care units in migrant centres has been disposed of in the same way as other garbage without any separation. This pose health and environmental risks and proper mechanisms for safe disposal of medical waste are required (Fig. 6).

Fig. 6. Medical products, Camp Ušivak

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Health information

A detailed review of the current health situation in BiH is available *(17)* and Table 1 summarizes data from WHO *(1)*. Data on refugees and migrants is not integrated in the health systems. This should be prioritized as part of the strengthening of public health surveillance.

Table 1. Health statistics Bosnia and Hercegovina

Total population (2016)	3 517 000
Gross national income per capita (purchasing power parity, international dollars, 2013)	9820
Life expectancy at birth, male/female (years, 2016)	75/80
Probability of dying under 5 years of age (per 1000 live births, 2017)	6
Probability of dying between 15 and 60 years, male/female (per 1000 population, 2016)	120/63
Total expenditure on health per capita (international dollars, 2014)	957
Total expenditure on health as percentage of gross domestic product (2014)	9.6

Source: WHO, 2019 *(1)*.

In the the FBiH, the Institute of Public Health coordinates actions with 10 cantonal institutes of public health. It is in charge of the control and prevention of communicable and noncommunicable diseases, the collection of health information and the monitoring of key health indicators, the quality of health care, environmental risks to the health population, monitoring food and water safety, sanitary inspections and hygiene standards in the FBiH.

The activities of the Institute of Public Health of the Republika Srpskais is described in more detail above (The health system in the Republika Srpska).

There is also a subdepartment for public health in the Brčko District of BiH.

In the Republika Srpska, the Coordinating Body for Monitoring the Movement of Illegal Migrants Across the Territory of the Republika Srpska monitors entry, stay and movement of refugees and migrants through the territory of the Republika Srpska. A similar mechanism has recently been set up in the FBiH. An interagency group for refugees and migrants is sharing information with institutes of public health on the total number of health services provided to refugees and migrants through the DRC-supported projects; however, these data are insufficient for further analysis of health issues of affected populations. The system is not integrated into routine health information systems nor covered through relevant legislation frameworks for health information. Overall, health information systems currently do not contain information on refugees and migrants, which is collected only on an ad-hoc basis. There are no standing protocols to collect and aggregate information on case finding in primary care. DRC and UNHCR are, however, working on software development to facilitate the work of the DRC medical teams and to systematize the two-way flow of information with primary health-care centres at local levels. Such a development would facilitate follow-up and referral to secondary and tertiary levels. Integration of information on refugees and migrants will be necessary to ensure proper public health surveillance in BiH.

Health financing

The major funding for health care comes from health insurance funds in the FBiH (10 health insurance funds in cantons) and the Republika Srpska. Health insurance funds provides reimbursement financing for services provided to insured citizens. The majority of the population in both the FBiH and the Republika Srpska is insured, based on monthly contribution from those employed, contributions from pensioners and contributions from agricultural workers and farmers. Every insured person has the right to insure family members based on their own insurance scheme.

The Government of the FBiH (10 governments of cantons) and the Government of the Republika Srpska compensate the insurance funds for minors, pregnant women and people registered as unemployed. Consequently, most citizens are covered by mandatory health insurance, which allows provision of basic services and essential drugs free of charge. A small contribution has been introduced aiming to discourage unnecessary visits or transactions in primary health care.

In practice, the health insurance funds scheme is inefficient and is not able to provide proper financial support for health-care services. This is particularly true for less populous cantons within the FBiH (currently there is Health Insurance Fund of the FBiH and 10 totally independent health insurance funds). Recently, some additional private insurance funds have been established but these are accessible only to the wealthier population. Another source of funding is local authorities in the FBiH. During 2002, a health insurance solidarity fund was established in the FBiH to finance priority vertical programmes of health care, the most complex treatments for specific needs and treatment of certain conditions abroad. Tourists and foreign citizens coming from countries with which the health insurance funds have bilateral agreements also receive health services with no payments, but bills will be sent to their countries for reimbursement. Currently, refugees and migrants are coming from countries with no such agreements, and identifying sources of funding is practically impossible because of their legal status and lack of documents/identity papers. Registered asylum seekers will have access to health care that is reimbursed from the budget of BiH.

As a consequence, many health institutions are currently in debt: across the pharmaceutical sector (for supplies), with local authorities (for utility costs) and for health workers (salaries). In such a situation, treatment for refugees and migrants does not represent a major additional burden apart from those municipalities with collective accommodations and where a referral for tertiary care is needed (e.g. for rare cases such as drug-resistant tuberculosis). However, this may change with a larger influx of refugees and migrants in the future, and it is one of the priorities that need to be resolved for health systems.

The DRC in collaboration with IOM uses funds provided by ECHO and has established funds and mechanism for reimbursement for services and essential medicines provided to refugees and migrants. DRC is solely funding all health units in collective accommodation and for services provided at secondary level of care directly to hospitals. This is an important mechanism that has already proved its effectiveness through the establishment of a government-run fund in Serbia (which is supported by the EU Instrument for Pre-Accession Assistance funding).

Site visits

Camp Ušivak near Sarajevo

Camp Ušivak lies in a rural location with a combination of fixed and temporary buildings (Fig. 7). It is provided with a medical unit that is open for refugees and migrants arriving or accommodated in the centre. The centre was opened on 28 October 2018. Up to 1 February 2019, health-care services were provided by the private policlinic SaNaSa, which employs Arab doctors on a daily basis to provide the same service as family medicine teams do for the local population. From 1 February 2019, the Primary Health Care Institution of Sarajevo Canton took over in the same manner: every working day for seven hours with one family medicine team. The unit is run by doctors and nurses from local primary health care under contract with the DRC. Registration uses

a simple form that includes personal data for the refugee or migrant and any history of disease. Many refugees and migrants arrive with some medical records from Serbia or other countries.

The unit performs triage (or more precisely case finding) for each person on arrival. A physical check-up then takes place to identify any significant symptoms (increased body temperature, coughing, lung sounds, signs of dermatitis or skin parasites, or signs of any injuries). Secondary and tertiary referral to local health facilities is made as necessary.

Fig. 7. Camp Ušivak

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The unit is equipped for minor surgical interventions, wound management and dermatological interventions. It is well supplied with essential drugs (from the local pharmaceutical market) that are provided to patients when needed. Those refugees and migrants in need of drugs for chronic conditions receive medicines free of charge. However, the unit is not equipped with facilities for isolation and quarantine, or provided with post-exposure or disease prevention kits. Translators (and cultural mediators) are available as required.

The clinic doctors reported 6839 examinations and 918 interventions; these included 79 mental health consultations, 405 referrals to primary centre specialized services and 249 referrals to secondary care. Two patients with tuberculosis needed to be referred to hospital. The most challenging conditions for the doctors are the complex skin conditions that can result from long transit times and poor hygiene during stays in the open.

Psychologists are available to provide psychosocial support and identify those refugees and migrants with mental health problems (e.g. depression). A psychologist was available who had been trained to deal with victims of violence.

Cantonal Hospital "Irfan Ljubijankic", Camp Bira in Bihać, the Primary Health Care Centre in Velika Kladuša and Camp Miral, Velika Kladuša (USC)

The conditions and practices in the refugee and migrant centres visited in USC are similar to those seen at Ušivak (Fig. 8). Health care is provided in temporary clinics in transit reception centres through the deployment of field medical teams equipped from the local health centres. DRC provides funding for drugs, medical supplies and vehicles for medical transport to support referrals to specialist services within primary health care as well as to health services at the secondary level: Bihać and Cazin in USC, Sarajevo and Mostar. UNFPA provides sexual and reproductive health services to women and girls in public and private health-care centres, as well as all necessary medications when needed. Mental health support is also provided with timely identification of particularly vulnerable people, who are referred for further psychosocial support.

Difficulties are seen in addressing needs and in planning services because of the constant influx of refugees and migrants, the limited reception conditions and insufficient numbers of staff. This may result in longer working hours (currently 11:00–15:00 Monday to Friday) and the placement of additional or larger medical teams in the reception centres.

Both the visibility and the perceived burden from refugees and migrants were considerable, partly because many migrant centres are located in urban environments and partly when migrant numbers seem high against a limited size of the local population. The health workforce was also limited. All these factors have meant that the overall burden on the health-care system was much higher in those areas with many refugees and migrants than in other parts of the country. Local health officials in USC felt they had received little guidance or documentation from the state or the FBiH authorities. In their view, wider coordination among health-care facilities across the FBiH was needed.

While under significant pressure, primary and secondary services were managing the increased workload. Staff and facilities were enough for normal population needs. Translators and cultural mediators were available. However, some problems had become significant; for example, an outbreak of violence among a group of migrants resulted in over 30 migrants requiring hospitalization with some additional 100 needing emergency health care (the Cantonal Hospital has 516 beds in total). Templates have been established to record migrant visits to the hospitals, with information provided to the Ministry of Health, Labour and Social Protection of USC on a regular basis.

Public health inspections of camp facilities were being conducted regularly by the public health institutes as well as by private entities. The food provided to the centres is also checked.

Currently, the DRC is establishing a payment mechanism for reimbursement for services provided to refugees and migrants. In 2018, UNHCR successfully advocated for provision of health services under the same fees as for nationals in Una-Sana, Hercegovina-Neretva and Sarajevo Cantons. However, the financial situation in health in USC overall is precarious. All health institutions are in debt and accounts are vulnerable to be blocked at any moment, which could potentially lead to temporary closure of facilities. In addition, health workers in USC have been on strike since March

2019, requesting better working condition and higher wages. Primary health-care facilities were coping, in collaboration with DRC and IOM, and necessary basic investigations were available. An electronic prescription system was available and used. Observation beds were available during the day, but no overnight accommodation was provided. While primary health care was essentially covered, problems had arisen with access to hospitals, some of which were perceived to be charging high prices. A clear current need was that institutes of public health had not so far been given sufficient attention and support.

The Public Health Institute in USC was operating under extreme pressure, with inadequate staff and equipment; for example, only one epidemiologist was available. The Institute needed additional support urgently. Issues had arisen with the adequate provision of immunization; for example UNICEF support had been needed and some private clinics had been involved. Notably, there was a measles outbreak in Sarajevo – presenting a risk for non-vaccinated people whether in the host population or refugees and migrants. There were also issues around the integration of health records and the provision of adequate aggregated statistics, as well issues related to surveillance of quality in the food chain for refugees and migrants and monitoring garbage and waste disposal, including medical waste. More WHO and donor support to the public health institutes would be important. The Cantonal Hospital in USC does not provide a full range of specialties, and for those it cannot cover a referral to the university clinical centres in the FBiH are required. If treatment cannot be provided within the FBiH, the Health Insurance Fund of the FBiH can pay for treatment outside of the country for insured Federation citizens. The Cantonal Hospital does not charge different prices for treatments for refugees and migrants. However, some problems had arisen, for example the requirement for a few referrals to tertiary health care (e.g. for drug-resistant tuberculosis and HIV). Difficulties had arisen over contact, acceptance and payment (e.g. with the Sarajevo University Hospital), although subsequently this was contractually resolved. ECHO had provided some funding. The issue was particularly difficult for the small number of refugees and migrants who needed monitoring or continuing care. Financial difficulties had arisen concerning the payment for the treatment of one patient with HIV/AIDS, who was eventually treated under a court order. Referral for some patients with mental health problems had also been problematic. Overall, there was no system capacity to absorb and treat such patients with more complex needs.

Regular coordination meetings were held in USC between the Ministry of Health, Labour and Social Protection of Una-Sana Canton, reception centre clinics, primary health-care centres, the Cantonal Hospital and NGOs.

In this current situation, DRC support will provide some incentive to health workers to continue to work. However, the risks of collapse of some services will not diminish. Therefore, some mechanisms for redistributing burden and providing solidarity support to USC need to be found within the health systems across the FBiH as a whole.

The authorities in USC have now decided in view of the pressures to cap the number of refugees and migrants in the camps at 3200, as well as to close and move the centres currently located in urban areas. It was estimated, however, that some 2000 refugees and migrants were already living in various situations outside of the camps. In the view of the authorities in USC, insufficient support had been provided by the authorities in Sarajevo (e.g. the Ministry of Civil Affairs of BiH and the Council of Ministers of BiH).

Fig. 8. Camp Bira

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Conclusions

BiH has been challenged by the large influx of refugees and migrants since the beginning of 2018, and this situation will probably continue, and might even increase, within the foreseeable future. Contingency planning is now needed for such possibilities in the context of central and local planning and coordination structures; this is an area where WHO could provide support. The relative lack of medical equipment for search and rescue and transport for referrals has been highlighted several times.

So far, there has been good coordination of the provision of services for refugees and migrants at local level and in the major migrant centres. Health needs have been limited, mostly emergency with some acute medical and minor surgical requirements. These needs are being met, although the health service providers in border areas (USC) are overstretched.

However, coordination between authorities and service providers at the State and the FBiH levels needs to be improved. A possible appointment of a single authorized individual (a so-called Czar) to coordinate all policies and activities should be considered.

However, public health surveillance is yet to be soundly established over the whole territory of the FBiH and needs strengthening. Institutes of public health in areas accommodating high number of refugees and migrants need additional professional and financial resources to establish and carry out public health surveillance effectively.

Recommendations

- Health information on refugee and migrant health should be collected and analysed, for communication with the public and among the public sectors concerned and for the development of evidence-informed migrant health policies. For example, it is suggested that this could start with a weekly report on the epidemiological situation from the Institute of Public Health in USC and other affected areas. The promotion and urgent enactment of public health protection measures in centres for refugees and migrants would help to ensure the safety and protection of all refugees and migrants, health workers and other caretakers against any threat of communicable diseases (including protective gear, use of sterile and disposable materials and vaccination against hepatitis A, hepatitis B and measles for police and those managing hygiene and waste disposal).
- Improvements should be made in surveillance of collective accommodations to include definition of standards and monitoring of quarantine measures; safe disposal of medical and other waste; the availability of post-exposure prophylaxis kits; and measures to prevent any form of violence.
- Quality control measures for food preparation and distribution should be established. The quality of foods could be further improved in terms of the variety and cultural acceptability of meals, and assessment of the need for use of fortified foods for certain categories.
- Continuous cooperation with relevant authorities and institutions at the local level and their involvement in providing direct support should serve as a potential model when seeking longer-term solutions and making coordination at higher levels more effective.
- A shift from an emergency focus to a systematic approach is now required to further develop health policies to respond to the large influx of transiting people. Advocacy and

communication strategies on public health and migration should be developed (e.g. the development and communication of key messages for the general public).

- Intercountry exchange of knowledge and good practices should be facilitated.
- Cultural mediator services are in place. However, taking into consideration the challenging conditions of work in migrant centres, all involved service providers need training for the provision of culturally sensitive services and the prevention of stress, burn-out and secondary traumatization.
- Payment methods for health institutions should be clarified. The health insurance funds in the FBiH pay for services provided within their jurisdiction but are legally unable to fund health-care services for refugees and migrants. A system to mobilize health donor funds (a central fund) to pay health institutions (e.g. public health institutes, primary health-care providers, hospitals) should be put in place at central level to cover services for refugees and migrants.
- The current legal framework for the provision of health care impedes coordination as it does not recognize all migrants regardless of their legal status. Yet the international human rights and protection framework calls upon country authorities to protect those people who have an uncertain legal status. One solution used elsewhere would be to establish a category of "stay on humanitarian grounds".

References

1. Bosnia and Herzegovina. In: Countries [website]. Geneva: World Health Organization; 2019 (https://www.who.int/countries/bih/en/, accessed 26 October 2019).
2. UN 2019/20 contingency plan – Bosnia and Herzegovina refugee and migrant response.
3. Inter-agency operational update: Bosnia and Herzegovina 01–31 March 2019. Geneva: United Nations High Commissioner for Refugees; 2019 (https://www.undp.org/content/dam/unct/bih/PDFs/UNCTBiHSitReps/Inter-agency%20refugee%20and%20migrant%20operational%20update-%20March%202019.pdf, accessed 26 October 2019).
4. The general framework agreement for peace in Bosnia and Herzegovina. Sarajevo: Office of the High Representative; 2015 (http://www.ohr.int/?page_id=1252, accessed 30 October 2019).
5. Law on ministries and other bodies of administration of Bosnia and Herzegovina. Official Gazette Bosnia and Herzegovina. 2003; No. 5/03.
6. Law on the Administration of the Republika Srpska. Official Gazette Republika Srpska. 2018; No. 115/18.
7. Masic I, Novo A, Pilav A, Jokic I, Toromanovic S. Health care system in Federation of Bosnia and Herzegovina. Mater Sociomed. 2006;18(4):212–18.
8. Law on Health Care. Official Gazette Republika Srpska. 2015. No. 106/09 and No. 44/15.
9. Inter-agency operational update: Bosnia and Herzegovina 01–28 February 2019. Geneva: United Nations High Commissioner for Refugees; 2019 (https://reliefweb.int/sites/reliefweb.int/files/resources/68558.pdf, accessed 26 October 2019).
10. Assessment: migrant and refugee situation in Bosnia and Herzegovina; an overview of the intervention of key actors in the field. Helsinki: Organization for Security and Co-operation in Europe; 2018 (https://www.osce.org/mission-to-bosnia-and-herzegovina/397319, accessed 26 October 2019).
11. Inter-agency operational update: refugee and migrant situation in Bosnia and Herzegovina 01–30 June 2018. Geneva: United Nations High Commissioner for Refugees; 2018 (https://wb-iisg.com/wp-content/uploads/bp-attachments/5436/Inter-agency-Refugee-and-Migrant-Situation-Report_June.pdf , accessed 26 October 2019).
12. Resolution WHA61.17. Health of migrants. In: Sixty-first World Health Assembly, Geneva, 19–24 May 2008. Geneva: World Health Organization; 2008 (https://www.who.int/migrants/publications/A61-17.pdf?ua=1 , accessed 26 October 2019).
13. Strategy and action plan for refugee and migrant health in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (EUR/RC66/8; http://www.euro.who.int/__data/assets/pdf_file/0004/314725/66wd08e_MigrantHealthStrategyActionPlan_160424.pdf, accessed 28 October 2019).

14. Toolkit for assessing health system capacity to manage large influxes of refugees, asylum-seekers and migrants. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0018/325611/Toolkit-assessing-HS-capacity-manage-large-influxes-refugees-asylum-seekers-migrants.pdf?ua=1, accessed 26 October 2019).

15. Quarterly regional report, displacement tracking matrix (DTM) January–March 2019. Geneva: International Organization for Migration; 2019 (https://migration.iom.int/system/tdf/reports/Q1%202019%20Narrative%20Overview_0.pdf?file=1&type=node&id=5643, accessed 26 October 2019).

16. Krečar S. Report from the Ministry of Health and Social Welfare of the Republika Srpska for a Meeting with Head of the Coordinating Body for Monitoring the Movement of Illegal Migrants Across the Territory of the Republika Srpska, the Director of the Police and the Ministry of Interior of Republika Srpska. Banja Luka: Ministry of Health and Social Welfare of the Republika Srpska; 2018.

17. GBD profile: Bosnia and Herzegovina. Seattle: Institute for Health Metrics and Evaluation; 2010 (Global burden of diseases, injuries, and risk factors study 2010; https://www.healthdata.org/sites/default/files/files/country_profiles/GBD/ihme_gbd_country_report_bosnia_and_herzegovina.pdf, accessed 26 October 2019).

Annex 1. Overview of health institutions and health-care capacities

Public health institutions

Cantonal Hospital "Irfan Ljubijankic"

Cantonal Hospital "Irfan Ljubijankic" offers secondary care and some tertiary care. (NB. It is not specified which parts of tertiary health care the hospital offers nor which specialties it does or does not have.) The hospital has:

- beds: 516, including 7 incubators for premature infants
- employed doctors: 158
- deparments: 37
- emergency vehicles: 5.

Hospital in Sanski Most, USC

Sanski Most Hospital employs 15 medical doctors: 13 of them specialists and two doctors undergoing specialization training. It has a total of 87 beds, divided among the following departments:

- gynaecology: 8
- internal medicine: 12
- neurology: 8
- obstetrics: 8 adults and 8 baby
- paediatrics: 8 adult and 8 child
- psychiatry: 12
- surgery: 15.

Outpatient clinics: ear, nose and throat; gynaecology and obstetrics; internal medicine; neurology; ophthalmology; and surgery.

Ambulance vehicles: 2.

Primary Health Care Centres (PHCCs)/Community Health Care Centres (CHCCs)

CHCC Velika Kladuša

The Centre has:

- medical doctors: 26, including 8 specialists
- dentists: 7, one a specialist.

There are 12 vehicles:

- for patient transport to the Cantonal Hospital: 5
- travelling vans: 3
- other vehicles: 4.

CHCC Bužim

Patients have to be referred to health institutions outside USC for the following services: bronchitis treatment; chemotherapy for lung cancer; coronarography; endoprosthesis; rheumatological care; scintigraphy; surgical implementation of stents and bypass; surgical interventions related to spine and knees; endoprosthesis implementation; and laboratory tests.

The Centre has:

- doctors: 13 including 7 specialists
- dentists: 2
- outpatient clinics: 3 (Lubarda, Elkasova Rijeka, and Konjodor)
- emergency ambulances: 2.

Polyclinic Bihać

The total number of doctors is 55, of which there are:

- specialists: 20
- general practitioners: 22
- dentist specialists: 8
- dentists: 5.

Outpatient clinics:

- 10 regional (Brekovica, Gata, Izačić, Kulen Vakuf, Martin Brod, Orašac, Ripač, Srbljani, Vrsta and Zavalje)
- 2 city based (Ozimice 1 and Ozimice 2).

Emergency vehicles: 3.

PHCC Bosanski Petrovac

The Centre has:

- general practitioners: 3
- paediatric specialist: 1
- dentist: 1.

Regional outpatient clinic: 1 (Krnjeuša village).

Vehicles: 5.

PHCC Sanski Most

The main centre has 20 doctors:

- family medicine specialists: 5
- general practitioners: 3
- paediatric specialists: 2
- women's health care: 1
- pneumophtisiologist: 1

- epidemiologist: 1
- mental health: 1
- physical rehabilitation: 1
- dentists: 3
- nonspecialist medical doctors: 2.

Regional outpatient clinics: 6.

Ambulance vehicles: 4.

PHCC Cazin

The Centre has:

- doctors: 39
- dentists: 8
- regional clinics: 14
- vehicles: 22.

PHCC Bosanska Krupa

The Centre has:

- doctors: 20
- dentists: 4
- clinics: 3 (Bosanska Krupa, Bosanska Otoka and Jezerski)
- regional clinics: 8 (Arapuša, Bosanska Otoka, Mahmic Selo, Jasenica, Jezerski, Pistaline, Veliki Badić, Veliki Radić)
- vehicles: 12.

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